



LEXSTAT CAL. CIV. CODE 56

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** THIS DOCUMENT IS CURRENT THROUGH CH. 652 OF THE 2009 REGULAR SESSION, ***
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OF THE 2009-2010 LEGISLATURE

CIVIL CODE
Division 1. Persons
Part 2.6. Confidentiality of Medical Information
Chapter 2. Disclosure of Medical Information by Providers

GO TO CALIFORNIA CODES ARCHIVE DIRECTORY

Cal Civ Code § 56.10 (2009)

§ 56.10. Authorization for disclosure; When disclosure compelled; When disclosure allowed; Prohibitions

(a) No provider of health care, health care service plan, or contractor shall disclose medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan without first obtaining an authorization, except as provided in subdivision (b) or (c).

(b) A provider of health care, a health care service plan, or a contractor shall disclose medical information if the disclosure is compelled by any of the following:

(1) By a court pursuant to an order of that court.

(2) By a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority.

(3) By a party to a proceeding before a court or administrative agency pursuant to a subpoena, subpoena duces tecum, notice to appear served pursuant to *Section 1987 of the Code of Civil Procedure*, or any provision authorizing discovery in a proceeding before a court or administrative agency.

(4) By a board, commission, or administrative agency pursuant to an investigative subpoena issued under Article 2 (commencing with *Section 11180*) of Chapter 2 of Part 1 of Division 3 of Title 2 of the *Government Code*.

(5) By an arbitrator or arbitration panel, when arbitration is lawfully requested by either party, pursuant to a subpoena duces tecum issued under *Section 1282.6 of the Code of Civil Procedure*, or another provision authorizing discovery in a proceeding before an arbitrator or arbitration panel.

(6) By a search warrant lawfully issued to a governmental law enforcement agency.

(7) By the patient or the patient's representative pursuant to Chapter 1 (commencing with *Section 123100*) of Part 1 of Division 106 of the *Health and Safety Code*.

(8) By a coroner, when requested in the course of an investigation by the coroner's office for the purpose of identifying the decedent or locating next of kin, or when investigating deaths that may involve public health concerns, organ or tissue donation, child abuse, elder abuse, suicides, poisonings, accidents, sudden infant deaths, suspicious deaths, unknown deaths, or criminal deaths, or when otherwise authorized by the decedent's representative. Medical information requested by the coroner under this paragraph shall be limited to information regarding the patient who is the decedent and who is the subject of the investigation and shall be disclosed to the coroner without delay upon request.

(9) When otherwise specifically required by law.

(c) A provider of health care or a health care service plan may disclose medical information as follows:

(1) The information may be disclosed to providers of health care, health care service plans, contractors, or other health care professionals or facilities for purposes of diagnosis or treatment of the patient. This includes, in an emergency situation, the communication of patient information by radio transmission or other means between emergency medical personnel at the scene of an emergency, or in an emergency medical transport vehicle, and emergency medical personnel at a health facility licensed pursuant to Chapter 2 (commencing with *Section 1250*) of *Division 2 of the Health and Safety Code*.

(2) The information may be disclosed to an insurer, employer, health care service plan, hospital service plan, employee benefit plan, governmental authority, contractor, or any other person or entity responsible for paying for health care services rendered to the patient, to the extent necessary to allow responsibility for payment to be determined and payment to be made. If (A) the patient is, by reason of a comatose or other disabling medical condition, unable to consent to the disclosure of medical information and (B) no other arrangements have been made to pay for the health care services being rendered to the patient, the information may be disclosed to a governmental authority to the extent necessary to determine the patient's eligibility for, and to obtain, payment under a governmental program for health care services provided to the patient. The information may also be disclosed to another provider of health care or health care service plan as necessary to assist the other provider or health care service plan in obtaining payment for health care services rendered by that provider of health care or health care service plan to the patient.

(3) The information may be disclosed to a person or entity that provides billing, claims management, medical data processing, or other administrative services for providers of health care or health care service plans or for any of the persons or entities specified in paragraph (2). However, information so disclosed shall not be further disclosed by the recipient in a way that would violate this part.

(4) The information may be disclosed to organized committees and agents of professional societies or of medical staffs of licensed hospitals, licensed health care service plans, professional standards review organizations, independent medical review organizations and their selected reviewers, utilization and quality control peer review organizations as established by Congress in Public Law 97-248 in 1982, contractors, or persons or organizations insuring, responsible for, or defending professional liability that a provider may incur, if the committees, agents, health care service plans, organizations, reviewers, contractors, or persons are engaged in reviewing the competence or qualifications of health care professionals or in reviewing health care services with respect to medical necessity, level of care, quality of care, or justification of charges.

(5) The information in the possession of a provider of health care or health care service plan may be reviewed by a private or public body responsible for licensing or accrediting the provider of health care or health care service plan. However, no patient-identifying medical information may be removed from the premises except as expressly permitted or required elsewhere by law, nor shall that information be further disclosed by the recipient in a way that would violate this part.

(6) The information may be disclosed to the county coroner in the course of an investigation by the coroner's office when requested for all purposes not included in paragraph (8) of subdivision (b).

(7) The information may be disclosed to public agencies, clinical investigators, including investigators conducting epidemiologic studies, health care research organizations, and accredited public or private non-profit educational or health care institutions for bona fide research purposes. However, no information so disclosed shall be further disclosed by the recipient in a way that would disclose the identity of a patient or violate this part.

(8) A provider of health care or health care service plan that has created medical information as a result of employment-related health care services to an employee conducted at the specific prior written request and expense of the employer may disclose to the employee's employer that part of the information that:

(A) Is relevant in a lawsuit, arbitration, grievance, or other claim or challenge to which the employer and the employee are parties and in which the patient has placed in issue his or her medical history, mental or physical condition, or treatment, provided that information may only be used or disclosed in connection with that proceeding.

(B) Describes functional limitations of the patient that may entitle the patient to leave from work for medical reasons or limit the patient's fitness to perform his or her present employment, provided that no statement of medical cause is included in the information disclosed.

(9) Unless the provider of health care or health care service plan is notified in writing of an agreement by the sponsor, insurer, or administrator to the contrary, the information may be disclosed to a sponsor, insurer, or administrator of a group or individual insured or uninsured plan or policy that the patient seeks coverage by or benefits from, if the information was created by the provider of health care or health care service plan as the result of services conducted at the specific prior written request and expense of the sponsor, insurer, or administrator for the purpose of evaluating the application for coverage or benefits.

(10) The information may be disclosed to a health care service plan by providers of health care that contract with the health care service plan and may be transferred among providers of health care that contract with the health care service plan, for the purpose of administering the health care service plan. Medical information shall not otherwise be disclosed by a health care service plan except in accordance with this part.

(11) This part does not prevent the disclosure by a provider of health care or a health care service plan to an insurance institution, agent, or support organization, subject to Article 6.6 (commencing with *Section 791*) of *Chapter 1 of Part 2 of Division 1 of the Insurance Code*, of medical information if the insurance institution, agent, or support organization has complied with all of the requirements for obtaining the information pursuant to Article 6.6 (commencing with *Section 791*) of *Chapter 1 of Part 2 of Division 1 of the Insurance Code*.

(12) The information relevant to the patient's condition, care, and treatment provided may be disclosed to a probate court investigator in the course of an investigation required or authorized in a conservatorship proceeding under the Guardianship-Conservatorship Law as defined in *Section 1400 of the Probate Code*, or to a probate court investigator, probation officer, or domestic relations investigator engaged in determining the need for an initial guardianship or continuation of an existing guardianship.

(13) The information may be disclosed to an organ procurement organization or a tissue bank processing the tissue of a decedent for transplantation into the body of another person, but only with respect to the donating decedent, for the purpose of aiding the transplant. For the purpose of this paragraph, "tissue bank" and "tissue" have the same meanings as defined in *Section 1635 of the Health and Safety Code*.

(14) The information may be disclosed when the disclosure is otherwise specifically authorized by law, including, but not limited to, the voluntary reporting, either directly or indirectly, to the federal Food and Drug Administration of adverse events related to drug products or medical device problems.

(15) Basic information, including the patient's name, city of residence, age, sex, and general condition, may be disclosed to a state-recognized or federally recognized disaster relief organization for the purpose of responding to disaster welfare inquiries.

(16) The information may be disclosed to a third party for purposes of encoding, encrypting, or otherwise anonymizing data. However, no information so disclosed shall be further disclosed by the recipient in a way that would violate this part, including the unauthorized manipulation of coded or encrypted medical information that reveals individually identifiable medical information.

(17) For purposes of disease management programs and services as defined in *Section 1399.901 of the Health and Safety Code*, information may be disclosed as follows: (A) to an entity contracting with a health care service plan or the health care service plan's contractors to monitor or administer care of enrollees for a covered benefit, if the disease management services and care are authorized by a treating physician, or (B)

to a disease management organization, as defined in *Section 1399.900 of the Health and Safety Code*, that complies fully with the physician authorization requirements of *Section 1399.902 of the Health and Safety Code*, if the health care service plan or its contractor provides or has provided a description of the disease management services to a treating physician or to the health care service plan's or contractor's network of physicians. This paragraph does not require physician authorization for the care or treatment of the adherents of a well-recognized church or religious denomination who depend solely upon prayer or spiritual means for healing in the practice of the religion of that church or denomination.

(18) The information may be disclosed, as permitted by state and federal law or regulation, to a local health department for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events, including, but not limited to, birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions, as authorized or required by state or federal law or regulation.

(19) The information may be disclosed, consistent with applicable law and standards of ethical conduct, by a psychotherapist, as defined in *Section 1010 of the Evidence Code*, if the psychotherapist, in good faith, believes the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a reasonably foreseeable victim or victims, and the disclosure is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

(20) The information may be disclosed as described in Section 56.103.

(21)

(A) The information may be disclosed to an employee welfare benefit plan, as defined under Section 3(1) of the Employee Retirement Income Security Act of 1974 (*29 U.S.C. Sec. 1002(1)*), which is formed under Section 302(c)(5) of the Taft-Hartley Act (*29 U.S.C. Sec. 186(c)(5)*), to the extent that the employee welfare benefit plan provides medical care, and may also be disclosed to an entity contracting with the employee welfare benefit plan for billing, claims management, medical data processing, or other administrative services related to the provision of medical care to persons enrolled in the employee welfare benefit plan for health care coverage, if all of the following conditions are met:

(i) The disclosure is for the purpose of determining eligibility, coordinating benefits, or allowing the employee welfare benefit plan, or the contracting entity, to advocate on the behalf of a patient or enrollee with a provider, a health care service plan, or a state or federal regulatory agency.

(ii) The request for the information is accompanied by a written authorization for the release of the information submitted in a manner consistent with subdivision (a) and Section 56.11.

(iii) The disclosure is authorized by and made in a manner consistent with the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191).

(iv) Any information disclosed is not further used or disclosed by the recipient in any way that would directly or indirectly violate this part or the restrictions imposed by Part 164 of Title 45 of the Code of Federal Regulations, including the manipulation of the information in any way that might reveal individually identifiable medical information.

(B) For purposes of this paragraph, *Section 1374.8 of the Health and Safety Code* shall not apply.

(d) Except to the extent expressly authorized by a patient or enrollee or subscriber or as provided by subdivisions (b) and (c), a provider of health care, health care service plan, contractor, or corporation and its subsidiaries and affiliates shall not intentionally share, sell, use for marketing, or otherwise use medical information for a purpose not necessary to provide health care services to the patient.

(e) Except to the extent expressly authorized by a patient or enrollee or subscriber or as provided by subdivisions (b) and (c), a contractor or corporation and its subsidiaries and affiliates shall not further disclose medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan or insurer or self-insured employer received under this section to a person or entity that is not engaged in providing direct health care services to the patient or his or her provider of health care or health care service plan or insurer or self-insured employer.

HISTORY:

Added Stats 2000 ch 1068 § 1.16 (AB 1836), operative January 1, 2003. Amended Stats 2002 ch 123 § 1 (AB 1958); Stats 2003 ch 562 § 2 (AB 715); Stats 2006 ch 874 § 2 (SB 1430), effective January 1, 2007; Stats 2007 ch 506 § 1 (AB 1178) (ch 553 prevails), effective January 1, 2008; Stats 2007 ch 552 § 2 (AB 1687) (ch 553 prevails), effective January 1, 2008; Stats 2007 ch 553 § 1.9 (AB 1727), effective January 1, 2008; Stats 2008 ch 179 § 27 (SB 1498), effective January 1, 2009; Stats 2009 ch 493 § 1 (AB 952), effective January 1, 2010.

NOTES:**Former Sections:**

Former § 56.10, similar to the present section, was added Stats 1981 ch 782 § 2, amended Stats 1983 ch 1246 § 1, Stats 1984 ch 442 § 1, ch 967 § 2, Stats 1986 ch 633 § 1, Stats 1990 ch 911 § 1, Stats 1991 ch 591 § 1; Stats 1992 ch 427 § 9, ch 572 § 1 (ch 572 prevails), Stats 1993 ch 659 § 1, Stats 1994 ch 700 § 3, Stats 1999 ch 526 § 2, Stats 2000 ch 1065 § 1, ch 1066 § 2, ch 1067 § 2.3, ch 1068 § 1.8, operative until January 1, 2003.

Former § 56.10, similar to present CC §§ 56.11, 56.21, was added Stats 1979 ch 773 § 1, amended Stats 1981 ch 143 § 1, and repealed Stats 1981 ch 782 § 1.5.

Amendments:**2002 Amendment:**

(1) Added subd (b)(8); **(2)** redesignated former subd (b)(8) to be subd (b)(9); and **(3)** amended subd (c) by **(a)** substituting "patient-identifying" for "patient identifying" in subd (a)(5); **(b)** adding "when requested for all purposes not included in paragraph (8) of subdivision (b)" in subd (c)(6); **(c)** substituting "law suit" for "lawsuit" near the beginning of subd (c)(8)(A); and **(d)** adding the commas after "Basic information" and after "general condition" in subd (c)(15).

2003 Amendment:

(1) Deleted the comma after "of health care" in the introductory clause of subd (c); **(2)** added "use for marketing," in subd (d); and **(3)** deleted former subd (f) which read: "(f) This section shall become operative January 1, 2003."

2006 Amendment:

(1) Amended subd (b)(8) by substituting "deaths" for "death"; (2) amended subd (c)(17) by adding ", provided that the"; (3) and added subd (c)(18).

2007 Amendment:

(1) Amended subd (c)(3) by substituting (a) "a person" for "any person" in the first sentence; and (b) "violate this part" for "be violative of this part" in the second sentence; (2) amended the first sentence of subd (c)(5) by substituting (a) "a provider" for "any provider"; and (b) "a private or public body" for "any private or public body"; (3) substituted "identity of a patient or violate this part" for "identity of any patient or be violative

of this part" in the second sentence of subd (c)(7); (4) substituted "investigator in the course of any investigation required or authorized in a conservatorship proceeding under the Guardianship-Conservatorship Law as defined in *Section 1400 of the Probate Code*" for "investigator engaged in determining the need for an initial conservatorship or continuation of an existent conservatorship, if the patient is unable to give informed consent" in subd (c)(12); (5) substituted "including, but not limited to, the voluntary reporting" for "such as the voluntary reporting" in subds (c)(14); (6) substituted "violate this part" for "be violative of this part" in second sentence of subd (c)(16); (7) amended subd (c)(17) by substituting (a) "an entity" for "any entity"; (b) substituting "if the disease management services" for "provided that the disease management services"; (c) "a disease management organization" for "any disease management organization"; (d) "if the health care service plan" for "provided that the health care service plan"; and (e) "adherents of a well-recognized" for "adherents of any well-recognized" in the second sentence; (8) substituted ", including, but not limited to, birth or death" for "such as birth or death" in subd (c)(18); and (9) added subds (c)(19) and (c)(20). (As amended Stats 2007 ch 553, compared to the section as it read prior to 2007. This section was also amended by earlier chapters, ch 506 and ch 552. See *Gov C § 9605*.)

2008 Amendment:

(1) Substituted "another provision" for "any other provision" in subd (b)(5); (2) substituted "However, information so disclosed shall not be" for "However, no information so disclosed shall be" in subd (c)(3); (3) substituted "the recipient in a way" for "the recipient in any way" in the last sentence of subds (c)(3), (c)(5), (c)(7), and (c)(16); (4) amended the last sentence of subd (c)(10) by (a) substituting "shall not" for "may not"; and (b) deleting "the provisions of" after "accordance with"; (5) amended subd (c)(11) by (a) substituting "This part does not prevent" for "Nothing in this part shall prevent"; (b) adding "Chapter 1 of" both times it appears; and (c) adding "of the" after "complied with all"; (6) amended subd (c)(12) by substituting (a) "patient's condition, care," for "patient's condition and care" near the beginning; (b) "the course of an investigation" for "the course of any investigation"; and (c) "existing guardianship" for "existent guardianship" at the end; (7) amended the last sentence of subd (c)(13) by (a) deleting "the terms" after "this paragraph"; and (b) substituting "meanings" for "meaning"; (8) substituted "state-recognized or federally recognized" for "state or federally recognized" in subd (c)(15); (9) substituted "This paragraph does not require" for "Nothing in this paragraph shall be construed to require" at the beginning of the last sentence of subd (c)(17); (10) amended subd (d) by substituting (a) "authorized by a patient" for "authorized by the patient"; (b) "a provider of health care" for "no provider of health care"; (c) "shall not intentionally share" for "shall intentionally share"; and (d) "use medical information for a purpose" for "use any medical information for any purpose"; and (11) amended subd (e) by substituting (a) "authorized by a patient" for "authorized by the patient"; (b) "a contractor or corporation" for "no contractor or corporation"; (c) "shall not further disclose" for "shall further disclose"; and (d) "a person or entity" for "any person or entity".

2009 Amendment:

Added subd (c)(21).

Historical Derivation:

Former CC § 56.15, as added Stats 1979 ch 773 § 1.

Note

Stats 2006 ch 874 provides:

SECTION 1. This act shall be known, and may be cited as the Local Pandemic and Emergency Health Preparedness Act of 2006.

Collateral References:

Cal. Forms Pleading & Practice (Matthew Bender(R)) ch 429 "Privacy," § 429.10 et seq.
 Cal. Forms Pleading & Practice (Matthew Bender(R)) ch 429 "Privacy," ch 535 "Subpoena".
 Cal. Forms Pleading & Practice (Matthew Bender(R)) ch 535 "Subpoena".
 Cal. Points & Authorities (Matthew Bender(R)) ch 81 "Discovery: Privileges And Other Discovery Limitations" § 81.140.
 Cal. Points & Authorities (Matthew Bender(R)) ch 218 "Subpoena" § 218.26.
 Cal. Points & Authorities (Matthew Bender(R)) ch 218 "Subpoena" § 218.29.
 Cal. Employment Law (Matthew Bender(R)), § 51.13.
 7 Witkin Summary (10th ed) Constitutional Law § 580.
 2 Witkin Cal. Evidence (4th ed) Witnesses §§ 518--520.
Hanna, Cal Emp Inj & Workers' Comp. 2d (Rev) § 22.02[5].
 Witkin Evidence (4th ed) Witnesses §§ 518, 519, 520.
 Pocket veto brings legislative sessions to quiet close (1992 legislation review). CEB Estate Planning & Cal Probate Rep Vol. 14 No. 3 p 65.
Cal. Legal Forms, (Matthew Bender) §§ 104.14[1], 104.14[2], 104.113.

Law Review Articles:

The confidentiality of HIV-related information: responding to the resurgence of aggressive public health interventions in the AIDS epidemic. 82 *Cal LR* 113.
 Review of 1981 Legislation. 13 *Pacific LJ* 713.
 Review of 1994 legislation; interpretive comments. 26 *Pacific LJ* 326.
 Spousal exception to California's statutory prohibition against disclosure of confidential medical information? 25 *Southwestern LR* 75.
 Who Can Look at Your Medical Records? 23 *Whittier LR* 713.

Hierarchy Notes:

Civ Code Note

NOTES OF DECISIONS 1. Generally 2. Particular Actions

1. Generally

It is sound public policy to construe CC § 56.10(c)(14) in a way that will not impede voluntary reports of suspected misconduct or unfitness by police, reports whose importance is already recognized and immunized under CC § 47(b)(3). *Shaddox v. Bertani* (2003, Cal App 1st Dist) 110 Cal App 4th 1406, 2 Cal Rptr 3d 808, 2003 Cal App LEXIS 1167.

Phrase in CC § 56.10(c)(14) "such as" is not a phrase of strict limitation, but is a phrase of general similitude indicating that there are includable other matters of the same kind which are not specifically enumerated, and the phrase is used in an illustrative, not an exhaustive sense. Subdivision 56.10(c)(14) thus serves as the residuary clause in § 56.10 and legitimizes a myriad of situations the Legislature may not have cared to spell out by establishing the principle of permissive disclosure when specifically authorized by law. City charter provisions and *Pen C* § 832.5 are not excluded from the reach of CC § 56.10(c)(14) because they do not address every means and type of communication that may be used to frame complaints against city police officers, or because they neglect to specify limitations on complaints from specific professionals, and while complaints to law enforcement agencies are voluntary, that fact supplies no basis to distinguish complaints to law enforcement agencies from those made to the Federal Drug Administration, the very example of the kind of disclosures permitted by the Legislature in § 56.10(c)(14). *Shaddox v. Bertani* (2003, Cal App 1st Dist) 110 Cal App 4th 1406, 2 Cal Rptr 3d 808, 2003 Cal App LEXIS 1167.

2. Particular Actions

In an action against a physician specializing in psychiatry, brought by a mother and daughter for the disclosure of medical records to the attorney for a defendant in a separate wrongful death action brought by plaintiffs, the trial court properly granted summary judgment for defendant. Plaintiffs, through their attorneys, received notice pursuant to CCP § 1985.3, that defendant's records of treatment of plaintiffs were being sought pursuant to a subpoena in the wrongful death action and of what they could do to protect against unwanted disclosure. Plaintiffs' failure to take any action whatsoever to claim the psychotherapist-patient privilege constituted a waiver of the privilege within the meaning of *Ev C* § 912(a). Such waiver left defendant in the position of being compelled under the provisions of CC § 56.10(b)(3), to disclose the medical records. *Inabnit v. Berkson* (1988, Cal App 5th Dist) 199 Cal App 3d 1230, 245 Cal Rptr 525, 1988 Cal App LEXIS 277.

The trial court did not err in sustaining defendants' demurrer to a medical malpractice plaintiff's complaint against a physician who was not a party to the malpractice action and the physician's medical group, in which plaintiff alleged that the physician's disclosure of plaintiff's medical information to an insurer during the course of the malpractice litigation violated the Confidentiality of Medical Information Act (CC §§ 56 et seq.). Under the act, a health care provider must hold confidential a patient's medical information unless the information falls within a statutory exception. The ex parte contact between the physician and the insurer was contemplated under the exception in CC § 56.10(c)(4), which allows a health care provider to disclose medical information without patient authorization to parties that insure or are responsible for defending professional liability. The physician was an associate of the malpractice defendant and was at risk of malpractice exposure, and the insurer insured both physicians. Thus, the physician was entitled to discuss plaintiff's medical condition with his insurer. This interpretation is supported by the legislative history and other provisions of the act. (Disapproving to the extent each can be read to prohibit all ex parte contacts between a physician and his or her attorneys or insurers: *Torres v Superior Court* (1990) 221 Cal App 3d 181, 270 Cal Rptr 401, 1990 Cal App LEXIS 626; *Province v Center for Women's Health & Family Birth* (1990) 20 Cal App 4th 1673, 25 Cal Rptr 2d 667, 1993 Cal App LEXIS 1253.) *Heller v Norcal Mutual Ins. Co.* (1994) 8 Cal 4th 30, 32 Cal Rptr 2d 200, 876 P2d 999, 1994 Cal LEXIS 3784.

Disclosure to an insurer and employer of an employee's alcoholism, which a psychiatrist had determined was the basis for the employee's stress, was not an exception to the requirement that the psychiatrist obtain authorization to disclose the condition as required by CC § 56.10(a) or § 56.10(c)(8). *Pettus v. Cole* (1996, Cal App 1st Dist) 49 Cal App 4th 402, 57 Cal Rptr 2d 46, 1996 Cal App LEXIS 858, rehearing denied (1996, Cal App 1st Dist) 50 Cal App 4th 328B, 1996 Cal App LEXIS 975, review denied (1996, Cal) 1996 Cal LEXIS 7258.

Disclosure to an insurer and employer of an employee's alcoholism, which a psychiatrist had determined was the basis for the employee's stress, was not an exception to the requirement that the psychiatrist obtain authorization to disclose the condition as required by CC § 56.10(c)(8)(B); the disclosure was not a description of functional limitations but was a description of the cause of the employee's complaints. *Pettus v. Cole* (1996, Cal App 1st Dist) 49 Cal App 4th 402, 57 Cal Rptr 2d 46, 1996 Cal App LEXIS 858, rehearing denied (1996, Cal App 1st Dist) 50 Cal App 4th 328B, 1996 Cal App LEXIS 975, review denied (1996, Cal) 1996 Cal LEXIS 7258.

In a patient's suit against her doctor for allegedly disclosing personal and confidential medical information about the patient to the patient's employer, the trial court properly granted the doctor a directed verdict as the information was nonspecific, CC § 56.16 permitted the doctor to discuss nonspecific information about the patient without her consent, and the patient's oral request that the doctor refrain from conveying any information to her employer did not comply with the statutory prerequisite to nondisclosure. *Garrett v. Young* (2003, Cal App 2d Dist) 109 Cal App 4th 1393, 1 Cal Rptr 3d 134, 2003 Cal App LEXIS 940.

Because a dentist was concerned with the possibility that a police officer either was, or was at risk of becoming, dependent on prescription drugs, and the subsequent police department investigation was implicitly authorized by a city charter provision and Pen C § 832.5, the communication between the dentist and the police department concerning an incident where the officer demanded prescription drugs was one made in the course of an official proceeding authorized by law and was consequently privileged by CC § 47(b)(3) and lawful under CC § 56.10(c)(14). *Shaddox v. Bertani* (2003, Cal App 1st Dist) 110 Cal App 4th 1406, 2 Cal Rptr 3d 808, 2003 Cal App LEXIS 1167.

Because the legislative determination to omit a relevancy limitation from CC § 56.10(c)(4) was an acknowledgement that all patient information in a health plan's possession was sufficiently potentially relevant to a malpractice claim to merit disclosure to the plan's own attorneys, a trial court properly found that the plan's practices of transmitting to its attorneys medical information concerning plan patients who were either making or contemplating making medical malpractice claims against the plan were not unlawful and were, in fact, authorized by California's Confidentiality of Medical Information Act, CC §§ 56 et seq. Furthermore, because a self-proclaimed public interest organization bringing suit against the plan did not allege that it was authorized to represent any plan patient who had been--or even was likely to be--injured by the plan's policies with regard to the transmission of its medical information, the organization was not authorized to maintain its California Unfair Competition Law (UCL), B & P C §§ 17200 et seq., action against the plan based on Cal. Proposition 64. *California Consumer Health Care Council v. Kaiser Foundation Health Plan, Inc.* (2006, Cal App 1st Dist) 142 Cal App 4th 21, 47 Cal Rptr 3d 593, 2006 Cal App LEXIS 1266, review denied (2006) 2006 Cal. LEXIS 13547.

Fact that some statutory exceptions to CC § 56.10(a), like § 56.10(c)(8), expressly establish parameters within which disclosure is permissible strongly suggests that the absence of such parameters from the language of § 56.10(c)(4) was intentional. Once a patient signals his or her intention to bring a malpractice claim against a health care provider, he or she simply cannot reasonably expect to keep the details of his or her professional relationship with that health care provider a secret from the attorney employed as an agent of the health care provider to defend that liability claim, and no reasonable expectation of privacy can be asserted to preclude disclosure of a patient's medical records by a health care provider who is accused of malpractice to the attorney retained to defend that malpractice claim. *California Consumer Health Care Council v. Kaiser Foundation Health Plan, Inc.* (2006, Cal App 1st Dist) 142 Cal App 4th 21, 47 Cal Rptr 3d 593, 2006 Cal App LEXIS 1266, review denied (2006) 2006 Cal. LEXIS 13547.